

Agreement #038708  
10/1/07-9/30/08

Family Guest Speaker  
Claim Form

I was a guest speaker/panel member for \_\_\_\_\_ held  
on \_\_\_\_\_ .  
Date

Please pay my stipend of \$35.00/session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\*Social Security # \_\_\_\_\_

Please mail this claim and the application within 30 days to:

Susan White  
Early Childhood Services  
Iowa Department of Education  
Grimes State Office Building, 3<sup>rd</sup> floor  
400 E. 14<sup>th</sup> Street  
Des Moines, Iowa 50319-0146

\*We have to have the social security number to process claim and we need  
this form mailed in order to have the original signature.

